

Foster Family Home - Corrective Action Report

Provider ID: 1-150008

Home Name: Manelyn S. Higa, CNA

2255 Hiu Street

Honolulu

HI 96819

Review ID: 1-150008-7

Reviewer: David Ayling

Begin Date: 2/11/2020

Foster Family Home

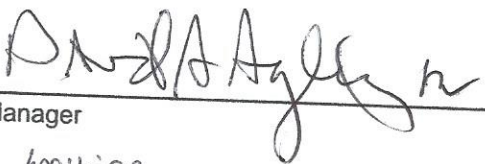
Required Certificate

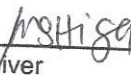
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver

2/11/20
Date

2/11/2020
Date